

**For Mental Health Diversion Program Use**

**Referred by:** \_\_\_\_\_

**Date referred:** \_\_\_\_\_

**Date Sent to DA for screening Approval:** \_\_\_\_\_

**Referral log** \_\_\_\_\_

**Offense report** \_\_\_\_\_

**Intake appointment** \_\_\_\_\_

## MHDP Referral Form

In jail

Not in jail

**Information in this boxed area \*required\***

**Name:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**CID #** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Case #** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Home #:** \_\_\_\_\_

**Court** \_\_\_\_\_

**Cell#:** \_\_\_\_\_

**Age** \_\_\_\_\_

**Offense:** \_\_\_\_\_

**Attorney:** \_\_\_\_\_

**Attorney's #** \_\_\_\_\_

**Pre-trial release** \_\_\_ **Bondsman**\_\_ **Cash bond**\_\_ **PR**\_\_

**Diagnosis:** \_\_\_\_\_

**Currently being treated at:** \_\_\_\_\_

**Doctor's Name and Number:** \_\_\_\_\_

**Have you ever been treated at MHMR?** \_\_\_\_\_

**Hospitalizations** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Substance Abuse Hx**

\_\_\_ Marijuana

\_\_\_ Cocaine

\_\_\_ Heroin

\_\_\_ Alcohol

\_\_\_ RX Drugs

\_\_\_ Meth

\_\_\_ Other

**Fax form to 817.884.1748 or email form to [kmomarkhail@tarrantcounty.com](mailto:kmomarkhail@tarrantcounty.com)**